

11 CV 8886

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DARIN POOLE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NYC, NY PD, NY, STATE

P.O. Taylor, P.O. TANCREDI

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

DARIN POOLE

ID #

08 R 3022

Current Institution

NONE

Address

32 LEWIS ST NAGATUCK CONN

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name NYC Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name NYPD Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name N.Y. State Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name P.O. TAYLOR Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name P.O. TANCREDI Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? MDC

B. Where in the institution did the events giving rise to your claim(s) occur? During processing

C. What date and approximate time did the events giving rise to your claim(s) occur? Oct 7

D. Facts: ON Oct 7, a was brutally beaten by members of the NYPD,

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I Fell ASleep behind the wheel of my girl friends VAN she tried to wake me up, A Patrol car was (1) CAR length behind us The officers thought me and my girlfriend were fighting and we weren't she was outside of the VAN trying to wake me up but the officers thought it

was something else going on they RAN my NAME everything I knew officers came running from every direction at least 15 or more officers jumped me one officer had his knee in my neck and another had his knee in my back while I was being kicked punched and stomped by all of these officers while my girlfriend stood by crying trying to tell these cops that I didn't do anything

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I received a SCALP on left forehead left knee was stomped on I couldn't walk at all when they picked me up off the ground I had no feeling in my forearms from blocking all the blows I also messed or decafed on myself, my right eye was damaged

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

MDC

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

MDC C73

1. Which claim(s) in this complaint did you grieve? Medical Attention

2. What was the result, if any? Didn't see a doctor for almost 2 weeks

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. When I was brought to MDC I couldn't walk I received NO medical attention at all. I had human mess all on my legs I wasn't allowed to clean up for almost 4 days

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am requesting monetary compensation from all Defendants in this matter, NYC, NYPD, and NY State in the amount of 75 Billion dollars for the unlawful beating and the police brutality that I endured on Oct 7, 2010, and the police coverup and fabricated reports and lies from Police officer Taylor and Tancredi from the NYPD 1st pct who were the arresting officer. I request that they are placed in Federal custody for my protection until the outcome of the case and that their guns and shields be taken away and if found guilty of any wrong doing they ~~be~~ both be placed in Federal prison.

VI. Previous lawsuits:On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

DARIN POOLE

Defendants

DOC

2. Court (if federal court, name the district; if state court, name the county) SDNY

3. Docket or Index number 08CV7552

4. Name of Judge assigned to your case Naomi Reice Buchwald

5. Approximate date of filing lawsuit 5/05

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Not Sure

_____On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28 day of NOV, 2011.

Signature of Plaintiff

Inmate Number

Institution Address

Dain Paole
08 R 3022
None
32 Lewis St
Nagatuck Conn 06240

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 28 day of NOV, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Dain Paole